JULY 1, 2015 - JUNE 30, 2017 CONDOMINIUM ASSOCIATION BIENNIAL REGISTRATION APPLICATION

ALL INFORMATION PROVIDED IS PUBLIC INFORMATION

,7

FOR OFFICE USE ONLY

593 01673301 906 01673302 3- 7/14/15 3- 7/14/15 60.00 760.00

BIENNIAL REGISTRATION DEADLINE: Monday, June 1, 2015 (Bond exemption reapplication deadline: Thursday, April 30, 2015)

1.	Pro	ject registration number: 538						
	Name of condominium project: HALEAKALA SHORES							
	Pro	ject street address (required):	2619 S KIHEI	RD KIHEI HI 96	753		,	
	Tot	al # units: 76	Expiration of be	ond on file with	Commission:	4/1/2015		:
	apr	TE: If no information is printed in the blied for a fidelity bond exemption (all iod). Question #5 of this application	fidelity bond ex	emptions expire	e at the conclu	ision of the bi	iUO has p ennial rec	oreviously gistration
2.	a.	List the names of the officers of the	association (al	information p	rovided is pu	blic informat		A
		President (required): Karer	- Graf	e			ָרָטָ	<u> </u>
		Vice President (optional): 565		1	: <u></u>	ASS.	چ	
		Secretary (required): Pack			•	\$ \$\$\$	22	
		Treasurer (required): Trea			<u>.</u>			3 5
	b.	Designated officer (from section 2a) for direct conta		· ·		66	
		Title: President Name:	Raven	ra-je	<u>' </u>			
		Mailing address (public):	9 S. Ki	nu Rd	•	····		
		city: Kihei	State: H	Zip: 9678	53 Day	Phone: 8	08 29	81-4458
		Public Email (optional):						
-	aı	OTE: Contact name of individual, puuthorized agents may be able to obtand the owner's authorized agents pu	in the documer	ts, records, and	l information r	ss where a un equired to be	it owner a provided	and the owner's to a unit owner
3.	a.	Person to receive AOUO correspon This Individual will receive notices to	dence & calls from the contract of the contrac	om Commissior bond coverage	n <i>(required):</i> , as well as co	orrespondenc	e from the	e Commission.
		Title: Exec. Asst. Name:	April	Lun				
		Mailing Address: P.O.Box	10039					
			State: H	Zip: 9676	o(Day	Phone: <u>66</u>	01-81	9 <u>C</u>
		Public Email (optional):						

	b.	authorized to serve civil process, in o	compliance wit	h Hawaii Revised	Statutes Chapter 6	34.	
		Name Primary: Ann Ship	man	Title Manage	magent	Telephone: <u>661-8795</u>	
	•	Name Primary: Ann Ship Name Alternate: April Lun		Title Exec. A	SST	Telephone: 661-8795	
1.	Management status (required): (check ONE only and fill in corresponding info)						
		Self-managed by Association of Unit	t Owners (see	Instructions)	Public Email: _	(Optional)	
		Title: Name:			•	(Optional)	
		Mailing Address:					
		City:	State:	Zip:	Day Phone	÷	
		Managed by Condominium Managin			Public Ema	ail:(Optional)	
		Management Company:	Management	Consultants of Hav	wan, mo.	(Орионат)	
	P.O. Box 10039 Mailing Address:Lahaina Hawaii 96761-0039						
		City:	State:	Zin:	Day P	hone:	
5.	a.	Evidence of Fidelity Bond (required) (Between sections 5a and 5b CHECK ONE ONLY; see Question #1 for preprinted expiration date of bond on file with the Commission)					
		No evidence of fidelity bond is a Completed CSI form or certifica OR BEFORE June 30, 2015, or	ite of insurance	form is attached	because bond on t	ile in Question #1 expires ON	
	b.	Bond Exemption (If applying for a leavemption form on page B-2, B-3, or exemption application fee must be a	r B-4 must be c	ompleted as part of	of the application p	nptions. A corresponding bond rocess). An additional \$50 bond	
	 Sole Owner: Where all condominium units are owned by a sole individual, sole corporation condominium units are owned by a sole individual, sole corporation condominium condominium project Liability Partnership ("LLP"). 20 or Fewer Units: Where the condominium project contains 20 or fewer units. 100% Commercial Use: Where all condominium units are 100% commercial use. 						^o ").
6.	Ow	wner occupancy: Percentage of residential use units in the project which are owner-occupied: 47.4%					
7.		nnual operating budget: Did the AOUO board of directors adopt an annual operating budget? ☑Yes ☐ No					
	ma	Pursuant to HRS § 514B-106 (c), within 30 days after adoption of any proposed budget for the association, the board shall nake available a copy of the budget to all unit owners and shall notify each unit owner that the owner may request a copy of the budget and to whom that request shall be made.					
8.	Reserve studies and replacement reserves: (see Instructions)						
	Foi fun	For the current fiscal year, is the AOUO collecting a minimum of fifty percent of the estimated replacement reserves OR funding one hundred percent of the estimated replacement reserves when using a cash flow plan? Yes No					
	lf y	yes, what is the percent funded?:	<u>3</u> %			e de la companya de La companya de la co	
9.	Bo: of t	bes your AOUO maintain and make available for owner-review during reasonable hours a reference binder containing th pard of Directors Guides, Real Estate Commission brochures, HRS Chapters 514A and 514B, HAR Chapter 107, copie the declaration, bylaws, house rules and any amendments? ☑ Yes ☐ No				reference binder containing the 14B, HAR Chapter 107, copies	
	lf y	yes, where are the materials kept?:	Mana	gement	offiw_		
10.	Ha	s the AOUO amended the declaration, bylaws, condominium map or other constituent documents to adopt the ovisions of HRS Chapter 514B? 🗹 Yes 🗌 No					

11. Has the AOUO utilized mediation or arbitration to resolve condominium disputes within the last two years? 🗌 Yes 🗹 No				
	If y	es, how many times?	Mediation:	Arbitration:
12.	 12. a. Does the AOUO have a separate email account? ☐ Yes ☑ No What is the association's public email address? (optional)] Yes 🗹 No
				tional)
				es M No
What is the public website address? (optional)				

CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER For the period July 1, 2015 – June 30, 2017

- 1. I have read and understand the instructions.
- I certify that this application is complete as required, and is accompanied by the required documents and fees.
- I certify that I am authorized to sign this certification on behalf of this condominium association, that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOUO, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
- 4. I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
- I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2017.

This condominium association has received sufficient notice that if it fails to submit a completed registration application and fails to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).

ALE: 1.72.21

Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent (Original signature or stamp preferred, however facsimile or photocopied signatures are accepted)

David A. Ferguson

Print Name

ulialie

Date

Haleakala Shores

Print Name of Condominium Association (Managing Agent include CMA Name)

CHECK ONE ONLY: President [] Vice-President [] Secretary [] Treasurer [] Developer or Developer's Agent registering for unorganized association [] 100% Sole Owner of Condominium Project [] Managing Agent with Delegation of Duty to Register

Mail or deliver all faes & documents to: Real Estate Branch, AOUO Registration, 335 Merchant St., Rm. 333, Honolulu, HI 96813

If you need assistance; call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.